

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: Unassigned
For: METHODS AND APPARATUS FOR NETWORK SIGNAL AGGREGATION AND BANDWIDTH REDUCTION
Filing Date: August 1, 2003
Examiner: Unassigned
Art Unit: Unassigned



UTILITY PATENT APPLICATION TRANSMITTAL

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: **MAIL STOP: PATENT APPLICATION**, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on:

Date: August 1, 2003

By: Tammy L. Rosado
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MAIL STOP: PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing is a patent application entitled:

**METHODS AND APPARATUS FOR NETWORK SIGNAL AGGREGATION
AND BANDWIDTH REDUCTION**

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Enclosed is/are:

- [x] Transmittal Letter including fee calculations (this form, 5 pages, in duplicate), Total Pages: 10;
- [x] Utility Patent Application Specification; Total Claims: 90 (9 Independent, 81 dependent), Total Pages:60;
- [x] Drawings: [x] Formal, [] Informal (Figs: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ,11, 12, 13, 14,15,16,17), Total Sheets:15;
- [x] Return Receipt Pre-paid Postcard (in duplicate), Total Postcards: 2;
- [x] Authorization to Charge Deposit Account No. 50-0901, if Required;

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CLAIMS	Number Filed	Number Extra	Rate	Calculations
Total Claims	90-20 =	70	70x \$18	\$ 1,260.00
Independent Claims	9-3 =	6	6x \$84	\$ 504.00
Multiple Independent Claims			+ 260 =	\$ 0.00
BASIC FILING FEE =				\$ 750.00
Total of Above Calculations =				\$2,514.00
Assignment Recordation Fee =				\$.00
TOTAL FEE FOR THIS PATENT APPLICATION =				\$ 2,514.00

Please direct all telephone calls and address all correspondence to:

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The Commissioner is authorized to charge fees to Deposit Account No. 50-0901. In the event that the enclosed fee is insufficient, to maintain pendency of the application except for the filing fee and extra claim fee which will be forthcoming.

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If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 366-9600, in Westborough, Massachusetts.

Respectfully submitted,

By: _____



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